

Specialist Diagnostic Services Pty Ltd (ABN 84 007 190 043) t/a QML Pathology APA No.000042 11 Riverview Place, Metroplex on Gateway, Murarrie, Qld, 4172. Ph (07) 3121 4945

DO NOT BULK BILL

Request to be pre-paid at time of collection by Credit Card ONLY.

PATIENT SELF REQUEST FORM

PATIENT FAMILY NAME	GIVEN NAMES		SEX	DATE OF BIRTH	FILE No.
PATIENT ADDRESS	-	oz.co.o.c		TEL (HOME & MOBILE)	TEL(BUS)
	PO.	STCODE			
TESTS REQUESTED					
Patient self request - PRIVAT	E & CONFIDENTIAL			DO NOT SEND	REPORTS TO MY HEALTH RECORD 🗌
Please tick test/s you require:					
☐ Blood Group					
☐ MMR (Measles, Mumps, Rubella)				
☐ Hep A Immune Status					
☐ Hep B Immune Status					
☐ Varicella Immune Status					
☐ Mantoux Testing					
☐ Quantiferon Gold					
QML Pathology Use:					
Request must be PRE-PAID AT TIME OF COLLECTION by Credit Card ONLY Pre-Paid Receipt Number:					
Photo Identification Sighted:					
☐ Drivers License ☐ Passport	☐ Other:		IC	Number:	
Consult patient and complete below - TICH	CONE OPTION ONLY:				
☐ Laboratory report delivered to Patient a		st form. (Note:	: Patie	nt Results <u>CANNOT</u> be email	ed)
☐ Laboratory report to be picked up from	* *				
ACC code:					
*Advise patient to CALL COLLECTION CENTRE pro COLLECTOR DECLARATION	ior to picking up laboratory report (p	hoto identificat	ion wi	ll be required).	
I certify: The blood specimen(s) accompanying inquiry and/or inspection of wrist band and in	= -				f this patient by direct
COLLECTOR NAME:	COLLECTOR SIG	SNATURE:			DATE://

PATIENT'S SIGNATURE AND DATE

I confirm that the information provided on this form by myself to QML Pathology is true and correct. I understand that I will receive a copy of this form and that a laboratory report will be delivered in the method indicated above.

I have read and understood the disclaimer at the bottom of the page.

PATIENT'S SIGNATURE DATE REQUESTING DOCTOR, WORKPLACE HEALTH AND SAFETY OFFICER

PATIENT SELF REQUEST

UPS3F

QML Pathology **Doctor Maintenance Department**

11 Riverview Place

MURARRIE QLD 4172

Disclaimer: QML Pathology advises that pathology tests are usually requested by a patient's doctor as they are medically qualified to interpret and/or analyse the results. QML Pathology offers a limited range of self requested pathology tests because some panels of testing are complex and there may be the possibility of misinterpretation of pathology results in the absence of medical symptoms discussed as part of a medical consultation. Patients requesting self determined testing will need to consult their local medical professional if they require interpretive advice.

	Collect Date	Coll. Time	Test Codes	Branch	Ref. No.	Lab. No.	Description & Containers	Collector
L U A S B E		Rec. Time		B/C PP	Clinic			